

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print)

McKenna, Kenneth

Office (if applicable)

District (if applicable)

State Board of Ed #8

Mailing Address (include city and zip code)

544 W. 7th St
Reno, NV 89503

Telephone No.

775 329-6373

E-Mail Address

Select Appropriate Box(es)

☒ CANDIDATE ☐ PAC ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP☐ LEGAL DEFENSE FUND ☐ AMENDED

Annual Filing - Due January 15, 2008

Period: January 1, 2007 - December 31, 2007



Report #1 - Due August 5, 2008*

Period: Jan. 1, 2008 - July 31, 2008



Report #2 Due - October 28, 2008*

Period: Aug. 1, 2008 - Oct. 23, 2008



Report #3 Due - January 15, 2009**

Period: Oct. 24, 2008 - Dec. 31, 2008



Annual Filing - Due January 15, 2009

Period: January 1, 2008 - December 31, 2008

FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle

** Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
(See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less
(See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven
(See page 2 of instruction sheet)

This Period

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

5. Total Amount of Monetary Contributions Received
(Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
(See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
(See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less
(See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid
(Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions
(Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)
(See page 3 of instruction sheet)

591.10	591.10

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

EL201.doc

Revised: Dec-07

Date

PAGE 1 OF 3

 2008 JUL 32 AM 9:49
 RECEIVED
 WASHINGTON COUNTY
 REGISTRAR OF VOTERS

CAMPAIGN EXPENSES

Report Period # 1Name (print) Ken McKennaOffice (if applicable) State Board of EducationDistrict (if applicable) 8

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # /

Ken McKenna
Name (print)State Board of Education
Office (if applicable)8
District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Sierra Displays Inc. P.O. Box 21173 Reno, NV 89515	D	July 9, 2008	591.10

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